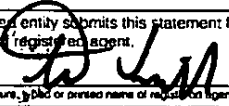
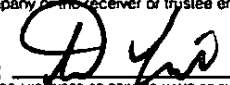


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/

FILED
Jun 08, 2006 8:00 am
Secretary of State

05-01-2006 90035 009 ****50.00

DOCUMENT # L05000110209					
1. Entity Name LEIGHT FENCING LLC					
Principal Place of Business 428 PENSACOLA DR. LANTANA, FL 33462			Mailing Address 428 PENSACOLA DR. LANTANA, FL 33462		
2. Principal Place of Business		3. Mailing Address 482 Pensacola Dr			
Suite, Apt. #, etc. 428 Pensacola Dr		Suite, Apt. #, etc. 48			
City & State LANTANA FL.		City & State LANTANA FL.		4. FEI Number 20-4658404	
Zip 33462		Zip 33462		Country Palm Beach	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			Applied For ☐ Not Applicable		
6. Name and Address of Current Registered Agent LEIGHT, TIM 428 PENSACOLA DR LANTANA, FL 33462			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE  DATE 4/21/06					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER AND MANAGER ☐ Delete Tim Leight 428 Pensacola Dr LANTANA FL 33462			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: 				DATE 04/21/06 DAYTIME PHONE # 5612510447	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE DAYTIME PHONE #	

30009880



04212006 Chg-LLC CR2E083 (11/05)